

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.G.		7/25/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Request	925	8/15/01
RESPONSE FORMALITY REVIEW			10-26-01

INDEX OF CLAIMS

- ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	11/9/03
2	✓	✓	7/15/03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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